

AO 435 (Rev. 10/23)				ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER						DUE DATE:	
Please Read Instructions:							
1. NAME Melissa R. Smith			2. PHONE NUMBER (903) 934-8450		3. DATE 4/23/2025		
4. DELIVERY ADDRESS OR EMAIL 303 South Washington Avenue			5. CITY Marshall		6. STATE Texas	7. ZIP CODE 75670	
8. CASE NUMBER 2:24-cv-01014-JRG-RSP		9. JUDGE Roy S. Payne		DATES OF PROCEEDINGS			
				10. FROM 4/23/2025		11. TO 4/23/2025	
12. CASE NAME A.F., on behalf of J.F. et al v. CHARACTER TECHNOLOG				LOCATION OF PROCEEDINGS			
				13. CITY Marshall		14. STATE TX	
15. ORDER FOR							
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING				Scheduling Conference & M		4/23/2025	
<input type="checkbox"/> BAIL HEARING							
17. ORDER							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
3-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 1				
Next-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
2-Hour	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00	
18. SIGNATURE /s/ Melissa R. Smith				PROCESSED BY			
19. DATE 4/23/2025				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00	